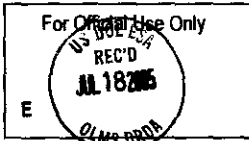


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3881</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Jason K Gateley</u> P.O. Box, Bldg., Room No., if any <u>N/A</u> Street <u>7341 Alpine Ridge St.</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89131</u>	4. Name, file number, and address of labor organization. Name <u>Professional, Clerical and Miscellaneous Employees, Teamsters Local Union Number 995</u> Labor Organization File Number <u>066-774</u> P.O. Box, Building and Room Number, if any <u>N/A</u> Street <u>300 Shadow Lane</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89106-4306</u>
5. Position in labor organization. <u>Organizer/ Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>N/A</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State <u>ZIP Code + 4</u>	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed [Signature]

On 7/11/05

702-656-2921

Date

Telephone Number

TRUSTEE EXPENSE VOUCHER

Jason Gateley

THIS VOUCHER IS FOR:

- ☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT _____ (Location)
HELD ON _____ (Date(s) of Meeting)
- ☒ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT NEW ORLEANS (Location)
HELD ON DE.1'04 - DEC.5'04 (Session Date(s))
SPONSORED BY I.F.E.B.P. (Meeting Sponsor)
- ☐ OTHER: (Describe Reason for Incurring Expenses) _____

MY DATE OF DEPARTURE 29 NOV 04 MY DATE OF RETURN 5 DEC 04

EXPENSES

TRANSPORTATION EXPENSES:

- ☐ Airfare, Train, Bus _____ \$
- ☐ Rental Car Expense _____ \$

DAILY EXPENSES:

- ☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) _____ \$ 2239.08

MEETING REGISTRATION FEE:

- ☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) _____ \$

SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED ✓ \$ 2239.08
LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) ✓ \$ 2550.00
EQUALS ✓ \$ 310.92
☒ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED. ✓ \$ 310.92

OR

- ☐ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT. \$

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS 9th DAY OF DEC, 2004.

[Signature]
(Signature of Trustee)

300 Shadow Ln Las Vegas
(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If a restaurant bill contains a charge for a meal for one or more family members, subtract that amount and indicate on the bill that only the balance is being charged to the trust fund.) If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

DAILY EXPENSES (ATTACH RECEIPTS FOR ALL MEAL EXPENSES AND ANY SINGLE ITEM OF \$25 OR MORE):

DATE: 29 NOV 04

DATE: 30 NOV 04

DATE: 1 DEC 04

HOTEL ROOM PLUS TAX ✓ \$ 239.17
 BREAKFAST & TIP \$ 0
 LUNCH & TIP \$ 0
 DINNER & TIP ✓ \$ 42.00
 BEVERAGES & TIP \$ 0
 PORTERS-BELLMEN \$ 5.00
 LIMOS-TAXIS-BUSES ✓ \$ 13.00
 (Other) \$ 0

HOTEL ROOM PLUS TAX ✓ \$ 239.17
 BREAKFAST & TIP ✓ \$ 13.35
 LUNCH & TIP HELEN ✓ \$ 40.91
 DINNER & TIP ✓ \$ 49.70
 BEVERAGES & TIP ✓ \$ 8.18
 PORTERS-BELLMEN \$ 3.00
 LIMOS-TAXIS-BUSES \$ 0
 (Other) \$ 0

HOTEL ROOM PLUS TAX ✓ \$ 239.17
 BREAKFAST & TIP ✓ \$ 7.58
 LUNCH & TIP \$ 0
 DINNER & TIP + HELEN ✓ \$ 185.79
 BEVERAGES & TIP \$ 0
 PORTERS-BELLMEN \$ 0
 LIMOS-TAXIS-BUSES \$ 0
 (Other) \$ 0

TOTAL THIS DATE ✓ \$ 299.17

TOTAL THIS DATE ✓ \$ 354.31

TOTAL THIS DATE ✓ \$ 432.54

DATE: 2 DEC 04

DATE: 3 DEC 04

HOTEL ROOM PLUS TAX ✓ \$ 239.17
 BREAKFAST & TIP \$ 0
 LUNCH & TIP \$ 0
 DINNER & TIP ✓ \$ 89.51
 BEVERAGES & TIP \$ 0
 PORTERS-BELLMEN \$ 3.00
 LIMOS-TAXIS-BUSES \$ 0
 (Other) \$ 0

HOTEL ROOM PLUS TAX ✓ \$ 239.17
 BREAKFAST & TIP ✓ \$ 6.26
 LUNCH & TIP \$ 0
 DINNER & TIP w/ HELEN ✓ \$ 160.81
 BEVERAGES & TIP \$ 0
 PORTERS-BELLMEN \$ 0
 LIMOS-TAXIS-BUSES \$ 0
 (Other) \$ 0

IF MORE THAN FIVE DAYS,
 ATTACH AN ADDITIONAL
 VOUCHER SHEET

TOTAL THIS DATE ✓ \$ 331.68

TOTAL THIS DATE ✓ \$ 406.34

TOTAL OF ALL DAILY EXPENSES \$ _____

(Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

"Reimbursable expenses" shall not include expenses of a personal nature or those expenses which are not related to fund business. For example, personal recreational expenses such as golf, tennis, rental of fishing boat and in-room movies are not reimbursable expenses.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED).

DISCLAIMER

The International Foundation is making this form available as part of its role of providing educational materials regarding employee benefit matters. This form is not intended to provide "ground rules" for expense reimbursement or the reporting of expense reimbursement for your Fund. What is appropriate or proper in a situation depends on a number of factors including the terms of the Fund's Trust Agreement, policies and practices, and the application of laws and regulations to the facts and circumstances of a particular situation. You should consult with your Fund's advisors, including legal counsel, regarding what is an appropriate and proper expense reimbursement and reporting of such items. You may need to customize the form to reflect your Fund's policies and circumstances.

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DAILY EXPENSES (ATTACH RECEIPTS FOR ALL MEAL EXPENSES AND ANY SINGLE ITEM OF \$25 OR MORE):

DATE: <u>4 DEC 04</u>	DATE: <u>5 DEC 04</u>	DATE: <u>0</u>
HOTEL ROOM PLUS TAX ✓ \$ <u>239.17</u>	HOTEL ROOM PLUS TAX \$ <u>207.22</u>	HOTEL ROOM PLUS TAX \$ _____
BREAKFAST & TIP ✓ \$ <u>10.82</u>	BREAKFAST & TIP \$ <u>0</u>	BREAKFAST & TIP \$ _____
LUNCH & TIP ✓ \$ <u>44.81</u>	LUNCH & TIP ✓ \$ <u>12.16</u>	LUNCH & TIP \$ _____
DINNER & TIP ✓ \$ <u>70.10</u>	DINNER & TIP \$ <u>0</u>	DINNER & TIP \$ _____
BEVERAGES & TIP \$ <u>0</u>	BEVERAGES & TIP ✓ \$ <u>7.08</u>	BEVERAGES & TIP \$ _____
PORTERS-BELLMEN \$ <u>0</u>	PORTERS-BELLMEN \$ <u>3.00</u>	PORTERS-BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ <u>0</u>	LIMOS-TAXIS-BUSES ✓ \$ <u>28.00</u>	LIMOS-TAXIS-BUSES \$ _____
(Other) \$ <u>0</u>	(Other) \$ <u>0</u>	(Other) \$ _____
TOTAL THIS DATE ✓ \$ <u>364.90</u>	TOTAL THIS DATE ✓ \$ <u>50.24</u>	TOTAL THIS DATE \$ _____

DATE: _____	DATE: _____
HOTEL ROOM PLUS TAX \$ _____	HOTEL ROOM PLUS TAX \$ _____
BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____
DINNER & TIP \$ _____	DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS-BELLMEN \$ _____	PORTERS-BELLMEN \$ _____
LIMOS-TAXIS-BUSES \$ _____	LIMOS-TAXIS-BUSES \$ _____
(Other) \$ _____	(Other) \$ _____
TOTAL THIS DATE \$ _____	TOTAL THIS DATE \$ _____

IF MORE THAN FIVE DAYS,
ATTACH AN ADDITIONAL
VOUCHER SHEET

TOTAL OF ALL DAILY EXPENSES ✓ \$ 2239.08

(Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

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